FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4: 16

DO NOT WRITE IN THIS SPACE

DOCUMENT # H29020 (5)

1. Corporation Name

JACKSONVILLE ORTHOPEDIC CLINIC, P.A., M. S. SCHA
RF, M.D., AND W. G. PUJADAS, M.D.

Principal Place of Business	Mailing Address
1325 SAN MARCO BLVD., SUITE 200 JACKSONVILLE FL 32207	1325 SAN MARCO BLVD., SUITE 200 JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: 11/07/1984
3a. Date of Last Report: 12/05/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-2726103 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PAUL, HERMAN S.
2468 ATLANTIC BLVD.
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHARF, MICHAEL S.
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 200
CITY ST ZIP	JACKSONVILLE FL 32207
TITLE	SD
NAME	PUJADAS, WILLIAM G.
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 200
CITY ST ZIP	JACKSONVILLE FL 32207
TITLE	VPD
NAME	TANDRON, CARLOS R.
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 200
CITY ST ZIP	JACKSONVILLE FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Blocks 1–6, each with TITLE, NAME, STREET ADDRESS, CITY ST ZIP and ☐ Change ☐ Addition — blank)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 2/1/95 904-345-3465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL S. SCHARF

0018009 CP